

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02605

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** BLUE LAGOON COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6545 NORTH LAGOON DRIVE, #3  
PANAMA CITY BEACH, FL 324083716

**New Principal Place of Business:**

**Current Mailing Address:**

6545 NORTH LAGOON DRIVE, #3  
PANAMA CITY BEACH, FL 324083716

**New Mailing Address:**

FEI Number: 59-2767573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, ELIZABETH  
6545 N. LAGOON DR.  
SUITE 3  
PANAMA CITY BEACH, FL 32408 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: LEWIS, ELIZABETH  
Address: 6545 N. LAGOON DR., #3  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: SD  
Name: BERENQUER, MARIO  
Address: 3053 MEADOW ST  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP  
Name: HEIFNER, TOM  
Address: 6545 N LAGOON DR #9  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: PRES  
Name: ANTHONY, DONNA  
Address: 6545 N LAGOON DR #7  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH LEWIS

TD

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date